

Fill in this information to identify the case:

Debtor 1 DENNIS MEYER DANZIK

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of WYOMING
(State)

Case number 19-20116

Attachment
A

Official Form 410 Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Department of the Treasury - Internal Revenue Service</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Internal Revenue Service</u> Name <u>P.O. Box 7346</u> Number Street <u>Philadelphia PA 19101-7346</u> City State ZIP Code Contact phone <u>1-800-973-0424</u> Contact email _____ Creditor Number: <u>1203144</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____	Where should payments to the creditor be sent? (if different) <u>Internal Revenue Service</u> Name <u>P.O. Box 7317</u> Number Street <u>Philadelphia PA 19101-7317</u> City State ZIP Code Contact phone <u>1-800-973-0424</u> Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>See Attachment</u>		
7. How much is the claim?	\$ <u>2,676,772.87</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Taxes</u>		
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input checked="" type="checkbox"/> Real Estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. <input checked="" type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>*All of debtor(s) right, title and interest to property - 26 U.S.C. §6321.</u> Basis for perfection: <u>See Attachment</u> Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of Property: \$ _____ Amount of the claim that is secured: \$ <u>681,357.79</u> Amount of the claim that is unsecured: \$ <u>1,995,415.08</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) <u>6</u> % <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Variable		
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____		
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property <u>See Attachment</u>		

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☐ No ☒ Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>1,490,634.88</u>
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

*Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/26/2019
MM / DD / YYYY

/s/ JANAE BUTLER
(Signature)

Print the name of the person who is completing and signing this claim:

Name	<u>JANAE</u>	<u>BUTLER</u>
	First name	Middle name Last name
Title	<u>Bankruptcy Specialist</u>	
Company	<u>Internal Revenue Service</u>	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	<u>IRS - Insolvency Group Manager 178 S Rio Grande St. M/S 5021</u>	
	Number	Street
	<u>Salt Lake City</u>	<u>UT</u>
	City	State
		<u>84101</u>
		ZIP Code
Contact Phone	<u>801-799-6888</u>	Email: _____

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service

In the Matter of: DENNIS MEYER DANZIK
 1108 14TH ST
 CODY, WY 82414



Form 410
 Attachment

Case Number
19-20116
Type of Bankruptcy Case
CHAPTER 7A
Date of Petition
03/12/2019

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Secured Claims (Notices of Federal tax lien filed under internal revenue laws before petition date)

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Penalty to Petition Date	Interest to Petition Date	Notice of Tax Lien Filed: Date	Office Location
XXX-XX-1786	INCOME	12/31/2006	11/09/2009	\$1,660.27	\$4,444.75	\$2,909.31	09/06/2017	PARK
XXX-XX-1786	INCOME	12/31/2007	08/08/2011	\$44,809.00	\$32,068.16	\$22,999.97	03/17/2015	CLARK COUNTY
XXX-XX-1786	INCOME	12/31/2014	06/13/2016	\$353,735.00	\$151,729.80	\$60,580.58	09/06/2017	PARK
XXX-XX-1786	INCOME	12/31/2015	06/20/2016	\$5,077.00	\$652.91	\$691.04	03/17/2015	CLARK COUNTY
				\$405,281.27	\$188,895.62	\$87,180.90	09/06/2017	PARK

Total Amount of Secured Claims:

\$681,357.79

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XXX-XX-1786	INCOME	12/31/2010	07/16/2018	\$79,673.23	\$26,027.42
XXX-XX-1786	INCOME	12/31/2011	07/23/2018	\$147,968.00	\$41,650.43
XXX-XX-1786	INCOME	12/31/2012	07/23/2018	\$391,185.00	\$95,325.26
XXX-XX-1786	INCOME	12/31/2013	07/23/2018	\$370,219.00	\$76,608.85
XXX-XX-1786	INCOME	12/31/2015	01/07/2019	\$45,263.00	\$6,160.88
XXX-XX-1786	INCOME	12/31/2016	1 Estimated- SEE NOTE	\$52,857.00	\$4,844.50
XXX-XX-1786	INCOME	12/31/2017	1 Estimated- SEE NOTE	\$98,102.20	\$4,750.11
XXX-XX-1786	INCOME	12/31/2018	2 Estimated- SEE NOTE	\$50,000.00	\$0.00
				\$1,235,267.43	\$255,367.45

Total Amount of Unsecured Priority Claims:

\$1,490,634.88

¹ LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

² LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service

In the Matter of: DENNIS MEYER DANZIK
1108 14TH ST
CODY, WY 82414



Form 410
Attachment

Case Number

19-20116

Type of Bankruptcy Case
CHAPTER 7A

Date of Petition

03/12/2019

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$504,780.20

Total Amount of Unsecured General Claims:

\$504,780.20

1872

COURT RECORDING DATA

INTERNAL REVENUE SERVICE FACSIMILE FEDERAL TAX LIEN DOCUMENT BANKRUPTCY DOCKET: 19-20116	Lien Recorded : 09/06/2017 - 00:00AM Recording Number: 2017-4476 UCC Number : Liber : Page :
Area: SMALL BUSINESS/SELF EMPLOYED #6 Lien Unit Phone: (800) 913-6050	IRS Serial Number: 276377617

This Lien Has Been Filed in Accordance with
Internal Revenue Regulation 301.6323(f)-1.

Name of Taxpayer:
DENNIS M DANZIK

Residence:
1108 14TH STREET
CODY, WY 82414

With respect to each assessment below, unless notice of lien
is refiled by the date in column(e), this notice shall constitute
the certificate of release of lien as defined in IRC 6325(a).

Form (a)	Period (b)	ID Number (c)	Assessed (d)	Refile Deadline (e)	Unpaid Balance (f)
1040	12/31/2006	XXX-XX-1786	11/09/2009	12/09/2019	\$5,754.14
1040	12/31/2007	XXX-XX-1786	08/08/2011	09/07/2021	\$74,404.54
1040	12/31/2014	XXX-XX-1786	06/13/2016	07/13/2026	\$471,889.42
1040	12/31/2015	XXX-XX-1786	06/20/2016	07/20/2026	\$5,189.75

Filed at: COUNTY CLERK PARK CODY, WY 82414	Total	\$557,237.85
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This notice was prepared and executed at SEATTLE, WA
on this, the 28th day of August, 2017.

Authorizing Official: ROCHEA I. GARCIA	Title: INSOLVENCY SPEC 26-99-6703
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1872

COURT RECORDING DATA

INTERNAL REVENUE SERVICE FACSIMILE FEDERAL TAX LIEN DOCUMENT BANKRUPTCY DOCKET: 19-20116	Lien Recorded : 03/17/2015 - 00:00AM Recording Number: 20150317-0000537 UCC Number : Liber : Page :
Area: SMALL BUSINESS/SELF EMPLOYED #6 Lien Unit Phone: (800) 829-3903	IRS Serial Number: 146275315

This Lien Has Been Filed in Accordance with
Internal Revenue Regulation 301.6323(f)-1.

Name of Taxpayer:
DENNIS M DANZIK

Residence:
PO BOX 28411
LAS VEGAS, NV 89126-2411

With respect to each assessment below, unless notice of lien
is refiled by the date in column(e), this notice shall constitute
the certificate of release of lien as defined in IRC 6325(a).

Form (a)	Period (b)	ID Number (c)	Assessed (d)	Refile Deadline (e)	Unpaid Balance (f)
1040	12/31/2006	XXX-XX-1786	11/09/2009	12/09/2019	\$9,691.87
1040	12/31/2007	XXX-XX-1786	08/08/2011	09/07/2021	\$74,404.54

Filed at: COUNTY RECORDER CLARK COUNTY LAS VEGAS, NV 89155	Total	\$84,096.41
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This notice was prepared and executed at SEATTLE, WA
on this, the 03rd day of March, 2015.

Authorizing Official: GRACE SANTACRUZ (800) 829-7650	Title: ACS W&I 15-00-0000
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